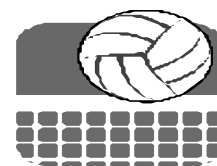


## REGISTRATION DEADLINE - MONDAY, DECEMBER 9TH

### Slinger Youth VOLLEYBALL Leagues

4th - 8th Grade

### Registration form



The Slinger Parks & Recreation Department will be running two youth volleyball leagues in the Winter of 2014! These leagues are for children currently in grades 4th - 8th during the 2013/2014 school year. This will be the seventh year for the 4th-6th grade league and the third year for the 7th-8th grade league. This is a great opportunity to learn basic skills, while emphasizing teamwork. In addition, fair play, good sportsmanship and working toward a common goal will be stressed.

This is a Co-ed Recreational League. **Recreational League, which means the coaches will be members of the Slinger High School Varsity Volleyball Team and everyone gets to play.** Register at the Slinger Village Hall by **MONDAY, DECEMBER 9th**. For more information call Josh Feller at 644-5265.

Games will be at the Slinger Middle School Gym with a min/max of 36 / 60 per league (First Come First Serve)

DAY: Monday Nights at 6:30pm

DAY: Tuesday Nights at 6:30pm

FEE: 4th-6th is \$35 / \$50 Non-School District

FEE: 7th-8th is \$35 / \$50 Non-School District

DATES: JANUARY 6 - FEBRUARY 24

DATES: JANUARY 7 - FEBRUARY 18

**T-Shirt Sizes: Youth Med. Youth Large Adult Small Adult Medium Adult Large Adult XL**

Participant's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Current Grade: \_\_\_\_\_

Are there any Medical Conditions/Disabilities

Gender : \_\_\_\_\_

We should be aware of? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The league will also need team sponsors, so if any local businesses are interested in doing so, please contact the Slinger Parks, Recreation & Forestry Dept.

There will be two coaches per team. Requests will not be accepted for children to be on the same team unless they are from the same family. If you have any questions, please call Tony Dobson or Josh Feller @ 644-5265.

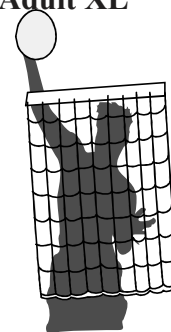
### **PLEASE BE SURE TO SIGN LIABILITY WAIVER**

I/we the undersigned, do hereby agree to allow the above named to participate in the activity indicated. I am/we are aware of and understand that there may be potential risks inherent with participating in any recreation activity and that the Village of Slinger does not provide accident insurance. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve indemnify and agree to hold harmless the Slinger Parks & Recreation Department, its officers, employees, and other persons for any and all claims, injuries, liabilities, damages or right of action directly or indirectly arising out of use of use of equipment, and/or participation in activities. In the event of a medical emergency I authorize Recreation Department staff to obtain medical treatment for the above signed.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**This material is being disseminated for informational purposes only and does not reflect the views of, nor is it necessarily endorsed by, the School District of Slinger, its administration or faculty.**



## **COACH CONCUSSION AGREEMENT FORM**

As a Coach it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Department of Public Instruction and Statute 118.293. **It is your responsibility to read all concussion related information before signing this form. All information is posted on our website at [www.vi.slinger.wi.gov](http://www.vi.slinger.wi.gov).** Concussion information will also be reviewed at all Coaches pre-season meetings.

### **Coaches Agreement**

I \_\_\_\_\_ have read the Coaches Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand what signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected. I understand that it is my responsibility to inform the parent/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate healthcare provider. I understand the possible consequences of the athlete returning to practice/play too soon.

Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sport: \_\_\_\_\_

## **LIABILITY WAIVER & PARENT CONCUSSION AGREEMENT FORM:**

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be completed for every sports season and every youth athletic organization the athletes are involved with. All concussion safety information is posted on the Slinger Recreation Department Website at [www.vi.slinger.wi.gov](http://www.vi.slinger.wi.gov). It is your responsibility as a parent to read this information carefully before signing this waiver.

### **PARENT AGREEMENT:**

I \_\_\_\_\_ have read the Parent Concussion and Head injury information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach and to our department.

I understand the possible consequences of my child returning to practice / play too soon.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_